

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): <input type="checkbox"/> RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO: TELEPHONE NO.: _____ FAX NO.: _____	FOR RECORDER'S USE ONLY Draft 4 03/07/06 icb Not approved by the Judicial Council
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
NOTICE REGARDING PAYMENT OF SUPPORT <input type="checkbox"/> NOTICE OF ASSIGNED SUPPORT <input type="checkbox"/> SUBSTITUTION OF PAYEE	CASE NUMBER:

1. The obligor (the judgment debtor) in this proceeding is (name and last known address):

2. a. ☐ The local child support agency is providing the following services (check all that apply):

- (1) ☐ current support
 (2) ☐ support arrears
 (3) ☐ medical support

b. ☐ The local child support agency is no longer providing the services under title IV-D of the Social Security Act.

3. ☐ The substituted payee is:

- a. ☐ the local child support agency (specify):
 b. ☐ other (specify):

4. ☐ An abstract or notice of support judgment or support judgment was recorded as follows:

County	Date of recording	Instrument number	Book number	Page number

a. All income withholding payments must be directed to the State Disbursement Unit.

b. ☐ All current support payments other than income withholding payments must be sent to (specify):

c. ☐ All arrears payments other than income withholding payments must be sent to (specify):

d. ☐ Other (specify):

5. ☐ An assignment of support rights by operation of law under Welfare and Institutions Code section 11477(a) has been made to the county of (specify):

THE SUBSTITUTED PAYEE MUST BE CONTACTED WHEN NOTICE TO A LIENHOLDER MAY OR MUST BE GIVEN.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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6. a. ☐ Each parent must notify the local child support agency in writing within 10 days of any change in residence or employment.
- b. ☐ Each parent must complete a *Child Support Case Registry Form* (FL-191) and deliver it to the court within 10 days of any change in residence or employment.

Date:

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE)

ACKNOWLEDGMENT
(To be completed only when this form is recorded)

STATE OF CALIFORNIA
COUNTY OF

On _____, before me,
Notary Public, personally appeared:

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(SIGNATURE OF NOTARY)

(Seal)